CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
WALTER M. DICKIE, M.D., Director

# Weekly Bulletin

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## *Proper Construction of Drinking Fountains*

Many requests for information relative to the proper type of sanitary drinking fountain are received. In response to these requests the reports of the committees of the American Public Health Association and of the American Water Works Association relative to this subject are submitted:

The committe report of the American Public Health Association contains the following specifications for essential features in sanitary drinking fountain design:

1. The fountain should be constructed of impervious material, such as vitreous china, porcelain, enameled cast iron, other metals, or stoneware.

2. The jet of the fountain should issue from a nozzle of nonoxidizing, impervious material set at an angle from the vertical, and at an elevation above the edge of the bowl, so that the end of the nozzle will not be flooded in case a drain from the bowl of the fountain becomes clogged.

3. The end of the nozzle should be protected by nonoxidizing guards to prevent the mouth or nose of persons using the fountain from coming into contact with the nozzle.

4. The inclined jet of water issuing from the nozzle should not touch the guard, thereby causing splattering.

5. The bowl of the fountain should be so designed and proportioned as to be free from corners which would be difficult to clean or which would collect dirt.

6. The bowl should be so proportioned as to prevent unnecessary splashing at a point where the jet falls into the bowl. Self-cleaning, anti-splash rims are recommended.

7. The drain from the fountain should be connected to a separate waste pipe.

8. The water supply pipe should be provided with an adjustable valve fitted with a loose key or an automatic valve permitting the regulation of the rate of flow of water to the fountain so that the valve manipulated by the users of the fountain will merely turn the water on or off.

9. The control valve should be operated preferably by knee or foot action to avoid possible hand contamination.

10. The height of the fountain at the drinking level should be such as to be most convenient to persons utilizing the fountain. The provision of several step-like elevations to the floor at fountains will permit children of various ages utilizing the fountain. Elevations may be difficult to provide, however, at fountains recessed in walls.

11. The rate of flow and the pressure should be such that the water will not splash over the bowl. It should be at a rate not less than one-half gallon per minute and at nozzle pressure not exceeding five pounds per square inch.

12. The waste opening and pipe should be of sufficient size to carry off the water promptly. The opening should be provided with a strainer.

The committe report of the American Water Works Association contains the following specifications for the essential features in sanitary drinking fountain design:

1. All types of drinking fountains with vertical jet are to be condemned.

2. Most types of drinking fountains with slanting jets are to be condemned.

3. To be sanitary, drinking fountains should conform to the following specifications:

(a) The jets shall be slanting.

(b) The orifices of the jets shall be protected in such manner that they cannot be touched by fingers or lips, or be contaminated by droppings from the mouth or by splashings from basins beneath the orifices.

(c) The guards of the orifices shall be so made that infectious material from the mouth cannot be deposited upon them.

(d) All fountains shall be so designed that their proper use is self-evident.

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## HEALTH OFFICERS RECEIVE APPOINTMENTS

Dr. Harry B. Neagle has succeeded Dr. R. H. Wilson as health officer of Madera County.

S. L. Wells has been appointed city health officer of Beaumont to succeed Mrs. Beulah Keith.

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A sane mind consists in a good digestion of experience.—*Clifford Allbutt.*

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He who doth strive against experience is not worthy to discourse of high science.—*Du Bartas.*

## COMMON FAULTS IN REGISTRATION OF VITAL STATISTICS*

MARIE B. STRASSBURGER, State Registrar.

An item which is frequently omitted from the death certificate is the time at which death occurred. Ordinarily, information concerning the exact time of death is of little value, but it is sometimes of great importance where an estate is involved. Also the letter denoting whether it is morning or afternoon is omitted by the physician.

The cause of death, as stated, should conform to the list given in the Manual of the International List of the Causes of Deaths. If carcinoma is listed, the primary seat of the carcinoma should be given if known. If tumor, it should be stated whether it is simple or malignant. We always send out for information if the cause given is "glioma" to determine whether simple or malignant, for while most physicians infer that a glioma is malignant, we have learned from experience that it is not always so. On the coroner's certificate of death it is frequently necessary to question automobile accidents to learn the type of accident involved. We recently sent out a form letter to all coroners and local registrars, asking them to see that this information is placed on the certificate, and it is being placed there in a majority of cases. However, there are some counties where it is not furinshed to us.

There are some districts in the state where coroner's certificates for deaths in which the inquest is pending are held in the local health office until the inquest is held and then transmitted to the state office. This often results in a delay of a month or more before we receive the certificate, and in the meantime requests for certified copies of the certificate come in and we are not able to make them. It will facilitate matters greatly if the certificates are numbered as soon as received and transmitted to the state office with the regular shipment and marked "inquest pending." As soon as the inquest is held, another form should be filled out by the coroner, showing the date of the inquest and findings thereof. This should be given the same number as the original certificate, and transmitted to our office. These two documents then comprise the original record of death, and no delay is experienced in issuing certified copies.

Item 18a has been the cause of a great deal of misunderstanding among some of the registrars. At place of death means the length of time the decedent has lived in the primary registration district in which he died. Thus if a man whose home is in Oakland dies in a San Francisco hospital, it will probably be the length of time in the hospital. However, should he die in an Oakland hospital, the length of residence will be, not the number of days he is in the hospital, but the length of time he has lived in Oakland. In the case cited above, we will suppose that he had lived in California 25 years, Oakland for 12 years, and was in a San Francisco hospital for ten days. Item 18a would then be filled in 10 days on the first line; Oakland, California, on the second line; and 25 years on the third line.

It is surprising to find the number of birth and death certificates which are not signed by the local registrar before transmission to our office.

Another division of our work which causes quite a bit of correspondence is the filing of affidavits to correct records. We receive from two to three hundred each month, and unless they are forwarded in triplicate we have to copy each one and compare it with the original. This means delay in issuing the affidavit and consequent delay on the part of those interested in getting a certified copy. We try to get out those which are forwarded in triplicate as soon as we can after reception, unless there is something wrong with the affidavit itself. The most frequent errors are:

1. Both the principal affidavit and the supporting affidavit are signed by the same person. This does not comply with section 18a of the Vital Statistics Registration Law which outlines the procedure necessary to change the record.

2. Very often there is only one notarial signature or seal. Since there are two affidavits upon the same sheet, it is necessary to have each one bear the signature and seal of the notary public who witnessed the signature of the affidavits.

3. Affidavits to change the paternity of a child often change only the name of the father, and we do not make any other changes. We have been requiring that such an affidavit be signed by the man who is being named as the father of the child, since such a procedure might open up an opportunity for blackmail among unscrupulous persons.

4. Often the affidavit changes only one name. Thus on a birth certificate the name of both the child and the father will be misspelled, and the affidavit changes only the name of the child. Unless we write and have the name of the father added, we then have to apply another affidavit to change the name of the father, which will make us issue five documents if a certified copy of the record is requested.

We often receive affidavits merely to add the name of a child to a birth certificate. This is unnecessary, since the Vital Statistics Registration Law provides

*Read before Department of Public Health, League of California Municipalities, Long Beach, Oct. 8, 1930.

that this may be added by a supplemental report of birth on our form No. 3.

In making the monthly reports to our office there are two small items which will expedite the handling and checking of the certificates. It helps if the certificates are arranged in order, with the lowest number on the top and the highest numbered certificate on the bottom of the pile. These are then arranged in the order in which they will be bound.

Another matter which helps is to have the certificates piled and then folded together. Some registrars fold each certificate separately and when we get them it necessitates the handling of each individual certificate in order to get it straightened.

Reports of no births and no deaths should be made upon the special gray slips provided for that purpose. Report on the pink transmittal slip is not enough.

## SEASON FOR GAS POISONING BEGINS

In spite of the wide publicity that is given to poisoning from carbon-monoxide gas, many deaths from this cause occur in California each year, but particularly during the winter months. Most of these deaths are due to carelessness in the installation or operation of gas appliances or to careless disposal of exhaust fumes from gasoline motors. Every gas appliance should be vented to the outside air and all gas connections should be leak-proof. Automobile motors should never be permitted to run in a closed garage or other enclosed space.

Simple precautions in the operation of gas appliances and automobiles would prevent close to 100 deaths from carbon-monoxide poisoning that occur in California annually. It is surprising to find that many gas water heaters and ranges are not vented to the outside air. Gas-water heaters are often placed in closets opening into kitchens with no provision for venting the exhaust fumes. Space heaters, in bedrooms, with rubber hose connections are also responsible for many deaths. Too often the rubber hose deteriorates, becomes leaky or is accidentally disconnected. Proper precautions against these accidents would prevent many deaths.

The exhaust gases from automobiles are so insidious that many persons are overcome before they realize that they are in danger. It is unwise to take any chances in the matter. No motor should be permitted to run in a closed garage. In commercial garages, where mechanics are employed, provision should be made for proper ventilation of the premises. Many cases of nonfatal industrial illness are due to inhalation of carbon-monoxide gas.

It is customary at this season of the year for health departments to issue warnings relative to the dangers that lie in carbon-monoxide gas. If the warning were heeded everywhere, many needless deaths might be prevented.

## POSTAGE REQUIRED FOR LABORATORY SPECIMENS

The attention of all health officers in the state is directed to the following letter from the Surgeon General of the United States Public Health Service relative to the necessity for placing postage stamps upon all packages containing laboratory specimens for examination in the State Bacteriological Laboratory at Berkeley.

TREASURY DEPARTMENT

BUREAU OF THE PUBLIC HEALTH SERVICE

Washington, October 20, 1930.

*To Collaborating Epidemiologists of the United States Public Health Service:*

The Post Office Department has requested the Public Health Service to instruct its Collaborating Epidemiologists relative to the use of penalty envelopes, cards and labels.

It appears that the Chief of a State Hygienic Laboratory had penalty labels printed and sent a notice to Assistant Collaborating Epidemiologists in the state informing them that they could send specimens to the State Laboratory using the labels without payment of postage.

The Post Office Department refers to provisions of law limiting the penalty privilege to "matters relating exclusively to the business of the Government of the United States" and to other laws requiring that all printing for Government departments must be done at the Government Printing Office at Washington, and that all envelopes used by the departments must be purchased under contracts made by the Postmaster General.

The sending of specimens to a State Laboratory is not "exclusively the business of the Government of the United States."

The use of penalty envelopes, cards and labels is regulated by law and it is necessary to comply strictly with the provisions of the law. The Public Health Service does not have any authority to authorize their use in any way not contemplated by the law.

Respectfully.

(Signed) H. S. CUMMING,
Surgeon General.

The touchstone of true science is power of performance, for it is a truism that what *can* also *will*, and thus attains to real existence.—*Virchow.*

## MORBIDITY*

**Diphtheria.**

85 cases of diphtheria have been reported, as follows: Berkeley 1, Oakland 1, Contra Costa County 4, Fresno 1, Imperial County 4, Holtville 1, Calipatria 1, Los Angeles County 2, Burbank 1, Glendale 1, Los Angeles 23, San Fernando 1, Santa Monica 1, Vernon 1, Whittier 1, Tujunga 1, Madera 2, Monterey 1, Orange County 1, Riverside 2, Sacramento 1, Redlands 1, San Bernardino 1, San Francisco 5, San Luis Obispo 1, San Mateo County 3, Redwood City 3, Palo Alto 2, Santa Cruz

* From reports received on November 10, 11 and 12 for week ending November 8th.

County 1, Stanislaus County 1, Tulare County 8, Exeter 1, Visalia 1, Sonora 1, Ventura County 2, Marysville 2.

**Scarlet Fever.**

107 cases of scarlet fever have been reported, as follows: Livermore 2, Oakland 6, Butte County 3, Chico 4, El Dorado County 2, Fresno County 1, Fresno 1, Kern County 2, Los Angeles County 7, Alhambra 1, Huntington Park 1, Los Angeles 17, Lynwood 5, Hawthorne 2, Bell 2, Merced County 2, Monterey County 4, Orange County 1, Brea 1, Santa Ana 3, Riverside County 1, Riverside 1, Sacramento County 1, San Benito County 1, Ontario 2, San Diego 2, San Francisco 5, San Joaquin County 3, Stockton 5, San Luis Obispo 1, San Mateo County 1, San Jose 1, Shasta County 1, Sonoma County 1, Stanislaus County 3, Tulare County 8, Dinuba 1, Ventura County 2.

**Measles.**

109 cases of measles have been reported, as follows: Alameda County 6, Berkeley 3, Hayward 5, Oakland 2, Chico 3, Antioch 1, Los Angeles County 4, Azusa 1, Los Angeles 9, Montebello 1, Redondo 5, Torrance 1, Maywood 1, Orange County 2, Santa Ana 2, Tustin 1, Riverside County 31, San Diego 9, San Francisco 3, San Luis Obispo County 5, Arroyo Grande 1, San Luis Obispo 5, Exeter 2, Ventura County 4, Oxnard 2.

**Smallpox.**

9 cases of smallpox have been reported, as follows: Oakland 1, Torrance 1, St. Helena 1, Orange County 1, Daly City 2, Solano County 1, Stanislaus County 1, Sutter County 1.

**Typhoid Fever.**

18 cases of typhoid fever have been reported, as follows: Colusa County 3, Imperial County 1, Kings County 1, Los Angeles County 2, San Gabriel 1, Napa County 1, Napa 1, Orange County 1, San Francisco 2, Stockton 1, Santa Barbara 2, Stanislaus County 1, California 1.**

**Whooping Cough.**

118 cases of whooping cough have been reported, as follows: Alameda 3, Berkeley 5, Oakland 7, Glenn County 5, Kern County 1, Los Angeles County 5, Glendale 4, Huntington Park 1, Long Beach 1, Los Angeles 17, Santa Monica 4, Yosemite 2, Orange County 1, Anaheim 1, Santa Ana 3, La Habra 19, Sacramento County 6, Sacramento 3, San Diego 1, San Francisco 17, San Joaquin County 5, Stockton 4, Ventura County 3.

**Meningitis (Epidemic).**

3 cases of epidemic meningitis have been reported, as follows: Fresno County 1, Riverside County 1, Sacramento County 1.

**Trichinosis.**

San Francisco reported one case of trichinosis.

**Undulant Fever.**

3 cases of undulant fever have been reported, as follows: Los Angeles County 1, Los Angeles 1, Orange County 1.

**Coccidioidal Granuloma.**

Santa Barbara reported one case of coccidioidal granuloma.

**Poliomyelitis.**

49 cases of poliomyelitis have been reported, as follows: Piedmont 2, Fresno County 1, Humboldt County 2, Eureka 1, Los Angeles County 4, Glendale 2, Huntington Park 1, Long Beach 1, Los Angeles 4, Pasadena 1, Monterey County 1, Lincoln 1, Sacramento 1, San Diego 1, San Francisco 8, San Luis Obispo County 6, Arroyo Grande 1, San Luis Obispo 3, Daly City 1, San Mateo 1, San Jose 1, Santa Rosa 1, Stanislaus County 1, Tulare County 1, Ventura County 2.

** Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

## COMMUNICABLE DISEASE REPORTS

| Disease | 1930 Week ending Oct. 18 | 1930 Week ending Oct. 25 | 1930 Week ending Nov. 1 | 1930 Reports for week ending Nov. 8 received by Nov. 12 | 1929 Week ending Oct. 19 | 1929 Week ending Oct. 26 | 1929 Week ending Nov. 2 | 1929 Reports for week ending Nov. 9 received by Nov. 12 |
|---|---|---|---|---|---|---|---|---|
| Actinomycosis | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| Anthrax | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Chickenpox | 143 | 181 | 204 | 192 | 205 | 180 | 203 | 219 |
| Coccidioidal Granuloma | 0 | 1 | 0 | 1 | 2 | 0 | 1 | 0 |
| Diphtheria | 59 | 74 | 50 | 85 | 67 | 79 | 60 | 77 |
| Dysentery (Amoebic) | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 3 |
| Dysentery (Bacillary) | 10 | 1 | 1 | 2 | 1 | 2 | 32 | 1 |
| Encephalitis (Epidemic) | 0 | 2 | 1 | 0 | 0 | 0 | 3 | 1 |
| Erysipelas | 7 | 9 | 8 | 11 | 14 | 8 | 17 | 9 |
| Food poisoning | 5 | 2 | 0 | 0 | 2 | 0 | 3 | 0 |
| German Measles | 9 | 5 | 9 | 11 | 10 | 12 | 10 | 9 |
| Gonococcus Infection | 150 | 153 | 156 | 155 | 146 | 132 | 105 | 125 |
| Hookworm | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Influenza | 20 | 24 | 30 | 29 | 26 | 32 | 28 | 56 |
| Leprosy | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 |
| Malaria | 1 | 0 | 0 | 0 | 2 | 5 | 0 | 0 |
| Measles | 125 | 92 | 132 | 109 | 54 | 42 | 80 | 65 |
| Meningitis (Epidemic) | 4 | 8 | 1 | 3 | 10 | 6 | 5 | 2 |
| Mumps | 112 | 137 | 140 | 140 | 186 | 289 | 262 | 267 |
| Ophthalmia Neonatorum | 0 | 0 | 0 | 2 | 0 | 1 | 1 | 0 |
| Paratyphoid Fever | 0 | 0 | 3 | 1 | 0 | 0 | 2 | 0 |
| Pellagra | 0 | 2 | 0 | 1 | 2 | 0 | 6 | 1 |
| Pneumonia (Lobar) | 42 | 55 | 40 | 47 | 42 | 28 | 58 | 45 |
| Poliomyelitis | 88 | 72 | 61 | 49 | 5 | 0 | 2 | 3 |
| Rabies (Animal) | 23 | 16 | 12 | 14 | 18 | 15 | 5 | 11 |
| Scarlet Fever | 65 | 68 | 77 | 107 | 157 | 151 | 236 | 179 |
| Smallpox | 6 | 12 | 16 | 9 | 24 | 37 | 22 | 18 |
| Syphilis | 167 | 132 | 120 | 0 | 131 | 170 | 263 | 91 |
| Tetanus | 2 | 1 | 1 | 1 | 1 | 0 | 1 | 0 |
| Trachoma | 6 | 7 | 4 | 4 | 1 | 0 | 1 | 3 |
| Trichinosis | 0 | 2 | 1 | 1 | 0 | 0 | 4 | 0 |
| Tuberculosis | 269 | 196 | 228 | 173 | 218 | 181 | 180 | 162 |
| Tularemia | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| Typhoid Fever | 17 | 14 | 14 | 18 | 12 | 10 | 16 | 12 |
| Undulant Fever | 1 | 0 | 3 | 3 | 2 | 2 | 1 | 5 |
| Whooping Cough | 85 | 72 | 86 | 118 | 109 | 72 | 86 | 121 |
| Totals | 1,417 | 1,341 | 1,399 | 1,287 | 1,450 | 1,456 | 1,695 | 1,485 |

**Epidemic poliomyelitis dropped to 49 reported cases last week.**

**Scarlet fever went up to 107 cases reported.**

**Whooping cough shows a similar increase.**

**Diphtheria is also rising in prevalence.**

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